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Facsimile Cover Sheet

To: Hon. Commissioner for Patents, TC2100**From:** Craig S. Fischer**Fax:** (703) 746-7239**Pages:** 32 (Inclusive)**Re:** Serial No.: 09/460,688**Date:** November 13, 2003

Filed: December 14, 1999

Attorney Docket No: MCS-117-99

☐ **Urgent**☒ **For Review**☐ **Please Comment**☒ **Please Reply****CERTIFICATE OF TRANSMISSION UNDER 37 C.F.R. §1.8**

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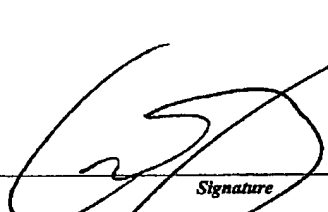
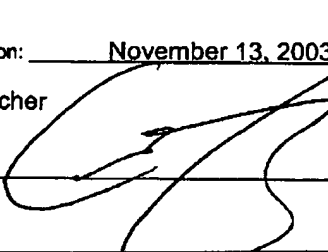
This correspondence includes the following attached papers:

1. Facsimile Cover Sheet including Certificate of Transmission under 37 C.F.R. § 1.8 (1 page);
2. Amendment Transmittal Letter (1 page);
3. Amendment under 37 C.F.R. § 1.111 (29 pages);
4. Credit Card Payment Form for Additional Claims Fee (1 page).

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TRANSMITTAL LETTER (Large Entity)				Docket No.	
Applicant(s): NACE et al.				MCS-117-99	
Serial No.	Filing Date	Examiner	Group Art Unit		
09/460,688	December 14, 1999	D.M. Craig	2123		
Invention: SYSTEM AND METHOD FOR SIMULATING NETWORK CONNECTION CHARACTERISTICS					
TO THE HON. COMMISSIONER FOR PATENTS:					
Transmitted herewith is an response to a Restriction Requirement in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	38 -	31 =	7	x \$18.00	\$128.00
INDEP. CLAIMS	7 -	3 =	4	x \$86.00	\$344.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$470.00
<input type="checkbox"/> No additional fee is required.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____					
A duplicate copy of this sheet is enclosed.					
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<input checked="" type="checkbox"/> A Credit Card Payment Form (PTO-2038) for payment for additional claims in the amount of \$ 470.00 is attached.					
 Signature			Dated: November 13, 2003		
Craig S. Fischer Registration No. 42,535 LYON & HARR, L.L.P. 300 East Esplanade Drive Suite 800 Oxnard, CA 93036-1274 TEL: (805) 278-8855 FAX: (805) 278-8064			CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. § 1.8 I hereby certify that this paper and every paper referred to therein as being enclosed is being facsimile transmitted to Hon. Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, TC2100 at (703) 748-7239.		
			Date of Transmission: November 13, 2003		
			By: Craig S. Fischer		
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